

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/582296

FILING DATE
05 DEC 2004

CLAIMS

AS FILED	AFTER		AFTER		•	•	•
	IND.	DEP.	1st AMENDMENT	IND.	DEP.		
1	/					51	
2	/					52	
3	2					53	
4	2					54	
5	2					55	
6	1					56	
7	2					57	
8	2					58	
9	2					59	
10		1				60	
11		1				61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
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30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	/		2				
TOTAL DEP.	12		23				
TOTAL CLAIMS	13		25				

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			